

Dr. Hamer

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5693

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2242

1. PLACE OF DEATH A. COUNTY Maricopa	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Ariz. B. COUNTY Maricopa	
	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 10Yrs 62Yrs	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Good Samaritan Hosp.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2709 N. 8th St.
3. NAME OF DECEASED A. (FIRST) Daniel B. (MIDDLE) Heber C. (LAST) Kleinman		4. SEX Male 5. COLOR OR RACE White
6. MARRIED - - - - - NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 1 DAY 1 YEAR 74	8. AGE YEARS 77 MONTHS 9 DAYS 16
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Rancher	9B. KIND OF BUSINESS OR INDUSTRY Ranch	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah
11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Conrad Kleinman	14B. BIRTHPLACE (STATE OR COUNTRY) Germany	15A. MOTHER'S MAIDEN NAME Anna Bentz
15B. BIRTHPLACE (STATE OR COUNTRY) Switzerland	16. INFORMANT'S SIGNATURE Frank R. Kleinman	
ADDRESS Phoenix, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct. 17, 1951
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		
MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pulmonary Carcinoma ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Primary DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 9, 1951 TO Oct 17, 1951 THAT I LAST SAW THE DECEASED ALIVE ON Oct 16, 1951 AND THAT DEATH OCCURRED AT 2:10A FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE (DEGREE OR TITLE) J. D. Hamer M.D.		23B. ADDRESS Professional Bldg. Phoenix, Arizona
23C. DATE SIGNED 10-18-51		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 10-20-51	24C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Ariz.	25A. DATE REC'D BY LOCAL REG. 10/20/51	
25B. REGISTRAR'S SIGNATURE Bulah Johnston		25C. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary
25D. ADDRESS Mesa, Ariz.		25E. EMBALMER'S SIGNATURE R. N. Daybill
25F. CERT. NO. 228a		